U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2932

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1/1/04 Through: 12/31/04	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name	Name Screen Actors Guild	
Linda Dowell	Labor Organization File Number 000 - 113	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, If any	
street 4429 Kinggold Ln	Street 5757 Wilshine Blud	
city Plans State TX ZIP Code +475093	city Los Angeles State CA ZIP Code +4	
	DAVAS/F4. Worth & Houston Branches	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
0	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Sign	nature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the	
Signed Juga Thull	- on 11/1/5 972-361-8/85	
2	Date Telephone Number	
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substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.

A.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Spindle to p. Lamar Film Festival	1 night - Holiday Inn
Trade Name, if any:	1/30/04 offered to
P.O. Box, Bldg., Room No., if any	Featined Speakers at
Street Spindletoplaman University	Featured Speakers at Film Festival.
State TY ZIP Code + 4	
State ZIP Code + 4	
13.b. Is the Business an Employer 12.5 or Consultant ?	14.b. Amount of payment. 70.85

C. Received from any employer (other than an employer covered under parts A and B above)